



3673

TRANSMITTAL FORM	Application Number	09/428,508	
	Filing Date	October 27, 1999	
	First Named Inventor	Callinan	
	Art Unit	3673	
	Examiner Name	Frederick L. Lagman	
Total Number of Pages in This Submission	15	Attorney Docket Number	201423-0009

ENCLOSURES (check all that apply)	PETITION FOR EXTENSION OF TIME
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input checked="" type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES							
<input type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	58	-	58	=0	x 9=	\$0	x 18=
Independent	12	-	10	=2	x 43=	\$86.00	x 86=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$0	+ 290=

ENCLOSED FEES	
<input checked="" type="checkbox"/> Additional Claim Fee	\$86.00
<input type="checkbox"/> Extension fee for one-month	\$110.00
<input type="checkbox"/> Information Disclosure Statement	\$180.00
<input type="checkbox"/> Surcharge for Missing Parts - Declaration	\$130.00
<input type="checkbox"/> Terminal Disclaimer	\$110.00
GROUP 3600	TOTAL FEES ENCLOSED \$86.00

PAYMENT OF FEES	
<input type="checkbox"/> A check in the amount of \$ is enclosed.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.	
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$86.00.	

SIGNATURE OF ATTORNEY	
Barry W. Sufrin, Reg. No. 27,398 MICHAEL BEST & FRIEDRICH, LLC 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818	 Signature Date: November 12, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is: <input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number <input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below	
Typed or printed name	Carol A. Graves
Signature	Date: November 12, 2003